

The refugee camps: Crisis of humanity and health

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The modern technology, which has fostered the communication channels, lead us to believe that we are actually living in a global village. Does that automatically qualify us to be global citizens? It is a conundrum, still to be answered. This global village is seeing some unprecedented movement of its inhabitants, worse than what was witnessed following World War II. We call these people refugees, whom United Nations defines as someone who lives outside his or her country of nationality or usual residence, who is able to show a well-founded fear of persecution on specific grounds, and who lacks protection from their country [1].

Global scenario

The data from United Nations High Commissioner for Refugees (UNHCR) reports that 22.5 million people are living as refugees by the end of 2016 [2]. Children and adolescents form half of this population. What appears more alarming is that nearly 10 million are devoid of basic health care facilities and education. Syria is the highest contributor with 5.5 million of its population seeking refuge in neighbouring countries. Afghanistan and South Sudan adds another 2.5 million and 1.4 million respectively to this data. In recent years, newer countries to contribute to this burden include Myanmar (Rohingyas) and Yemen. However, as the latest data is being compiled, the numbers are expected to see serious rise. The year 2016 added about 3.5 million new refugees while this number for the year 2017 is yet to be released by UNHCR. Developed nations of America and Europe plays host to only one third of these refugees. Turkey alone has taken 2.9 million refugees. Developing countries share the larger burden. Whoever may be the host, the refugees and the living conditions in the refugee camps are witnessing some tough challenges. UNHCR is doing a tremendous work to meet these challenges, which is reflected by its ever-growing budget.

Health issues

Health remains at the highest stake in refugee camps. Tents and toilets are not adequate for a hygienic sustenance in such overpopulated areas. A direct consequence is the rise of infectious diseases. Poor and inadequate water supply adds to the problem. UNHCR recommends a supply of minimum 20 litres of water per person in refugee camps, which is hardly met. The source of water may be far, engaging children in fetching water who lose their schooling hours, while young girls are

exposed to risk of sexual abuse. The prevalence of cholera outbreaks are especially high among Asian refugees. Worn Yemen is recording a historic cholera outbreak affecting a million population which includes 0.6 million children [3]. Other communicable diseases of gastrointestinal and respiratory tract and skin lead to significant morbidity [4]. High TB rate and Hepatitis B seropositivity further aggravates the problem.

Maternal and child health care seems to be most drastically affected. Adequate antenatal care remains low, increasing the risks related to pregnancy. The supply of vaccines and nutritional supplements do not reach the needy. Low birth weight and diarrhoea among newborn are common. Routine vaccination with maintenance of cold chain is yet to find complete coverage. A few technical issues hampering vaccine coverage includes absence of knowledge of previous immunization status of immigrants, failure to register with authorities by refugees and severe economic burden on host country [5].

Psychosocial morbidity affects people of all age group. Post-traumatic stress disorder, depression, anxiety, withdrawal and drug abuse have multifactorial aetiology among refugees. Poor living conditions, constant fear and insecurity, lack of employment and inability to adjust in crowded surrounding play individual roles. Kaltenbach et. al. had tested Refugee Health Screener-15 for identification of risk vulnerable individuals [6].

Violence and abuse, both physical and sexual affects a specific group of refugee population. Those who form the vulnerable group includes minors, young females, single parent of minors, and pregnant women [7]. Sexual abuse comes with the increased risk of sexually transmitted diseases. Providing safety and security is as challenging as providing adequate health care facilities in camps.

The new entrants to the country may not be able to speak the language, which limit the utilization of the services. Poor economic status and political instability of the host countries offer resistance to the smooth supply of resources. Migratory nature of refugees could further hamper the delivery of necessary services.

Crisis management

It needs a massive amount of coordination among various agencies to deal with humanitarian crisis. Strong political

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will backed by adequate funding can help bring back the life of refugees to normalcy. However, reinhabiting those to their native place may still be a far-fetched idea. Providing education, compassionate care and assessment of needs can help bridge the gap.

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